



**THE CENTER FOR POLICY, ADVOCACY AND EDUCATION  
OF THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY**

**Testimony Regarding the Mental Health Needs of Children  
and Adolescents After Terrorism**

*Michael B. Friedman, our public policy consultant, gave this testimony to a hearing of the New York State Assembly Committee On Children and Families on March 22, 2002.*

My name is Michael Friedman and I am the Public Policy Consultant for The Mental Health Association of New York City and The Mental Health Association of Westchester. Both of these organizations provide advocacy, community education, and direct services related to mental health and serve thousands of people each year. Of particular importance for this hearing is the fact that The Mental Health Association of New York City operates LIFENET, New York City's mental health information and referral service, which has become the central telephone communications center for responding to mental health needs created by terrorism.

Since September 11, 2001, calls to LIFENET have more than doubled in comparison to the prior year, and calls specifically related to the mental health needs of children and adolescents have increased by over 30%. Clearly terrorism has had a significant impact on the psychological status of the children and adolescents of New York, and we are grateful for the opportunity to testify today about their mental health needs and about what needs to be done to assure that children and adolescents get access to the services they need.

**Two Major Kinds of Negative Psychological Impact as a Result of Terrorism**

The adverse psychological impact of terrorism can be understood as of two major kinds:

- Emotional distress in response to a terrible event, which tends to be transient, to dissipate over time, particularly when psychological crisis intervention is provided
- Diagnosable mental disorders, which tend to be more long lasting

In fact these two kinds of psychological reactions overlap to a considerable extent and often cannot be clearly distinguished in the process of making psychological assessments in the aftermath of terrorism. Understanding this overlap is extremely important for policy purposes, and I will return to it later.

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## **Estimated 40% of New York Children and Adolescents Will Experience Emotional Distress**

No one can project with any precision how many children and adolescents will be adversely affected psychologically by the terrorist acts of September 11 and the subsequent anthrax incidents. Using federal formulas, New York City and New York State estimate that over 40% of children and adolescents will experience emotional distress for which mental health education and crisis counseling will be useful. Unfortunately research data from other incidents of terrorism in the United States simply do not provide enough insight to project how many children and adolescents will develop post-traumatic stress disorders and other diagnosable mental illnesses. The New York State Office of Mental Health has submitted a needs assessment to the federal government which projects increases in diagnosable mental disorders, but it has not been released publicly yet.

Prior research does, however, suggest that the psychological impact of terrorism will unfold over a period of years, as it has in Oklahoma City.

### **Four Major Risk Factors**

Prior research also indicates that there are a number of major risk factors for the development of diagnosable mental disorders including:

- A history of mental illness
- Prior trauma
- Lack of social support
- Low socio-economic status

These risk factors suggest that some children and adolescents are more likely to develop diagnosable mental illnesses than others are. Children in foster care--a major concern of your committee--appear to be at particularly high risk because they are more likely to have histories of emotional disturbance than the general population, are more likely to have experienced prior trauma, have fewer social supports in the community, and are likely to be of low socio-economic status.

### **Broad Range of Mental Health Services are Needed**

To address the mental health problems created by terrorism a broad range of mental health services need to be made available, including:

- Crisis intervention
- Treatment
- Mental health education
- Training and support for help-givers
- Social support

Through the Federal Emergency Management Agency (FEMA), the federal government provides funding to support some of these services. FEMA's responsibility is to support outreach, mental health education, and crisis counseling specifically--and only--for people experiencing emotional distress in response to a disaster. Its regulations explicitly prohibit providing support for treatment services for people who develop diagnosable mental disorders.

## **FEMA Supports Project Liberty**

In New York, FEMA supports Project Liberty--a very substantial effort to make mental health education and crisis counseling available to people who need and want it wherever they are most comfortable accepting help. It is extremely important that these services can be delivered in sites other than formal mental health settings. In the aftermath of a disaster people tend to turn for help first to settings which address their concrete needs and to settings in the community such as schools, houses of worship, community centers, even workplaces, which are part of their everyday life. Project Liberty will reach many people who can benefit from help, including:

- The sons and daughters of emergency personnel
- Children and adolescents in foster care and other special settings
- The general population of children and adolescents in their schools

## **Project Liberty Cannot Meet All Needs Because of FEMA Rules**

But it is clear that Project Liberty will not meet the needs of the children and adolescents who develop post- traumatic stress disorder and other diagnosable mental illnesses because FEMA rules preclude providing treatment to these youngsters.

The FEMA rules are built on the logic of distinguishing between short-term emotional reactions to a disaster and long-term mental illnesses. Were there another federal agency with sufficient resources to pay for treatment of diagnosable mental disorders and to distribute funds quickly, limiting FEMA's role might make some sense. But there is no such agency. In addition the distinction between short-term emotional reactions and long-term mental illness does not hold up in practice because it is frequently impossible to distinguish one from the other in the early phases of the crisis. Even when it is possible to distinguish mental illness from emotional distress, it makes no sense after extensive outreach efforts to tell some people, "I'm sorry I'm not allowed to help you because you're mentally ill. You have to go someplace else for help."

## **Change Needed in Federal Regulations**

For this reason we believe that it is critical to change federal regulations and to permit FEMA funds to be used to pay for treatment for people with diagnosable mental disorders as well as for mental health education and counseling for people experiencing emotional distress.

In the United States, however, paying for treatment is a complex mix of public and private responsibility. Approximately 60% of the people of New York are covered by health insurance paid for by their employers. Almost all of these people have some coverage for treatment for mental illnesses, but their coverage is limited in a variety of ways that limit their real access to the treatment they need. Generally only a limited number of treatment sessions are covered even if more treatment is medically necessary. Generally co-payment responsibilities are higher than for general health care. Frequently maximum allowable fees are significantly lower than actual fees. Because mental health coverage is not as extensive as coverage for general health, real access to mental health treatment is far more limited than access to general health care. New York State can take an important step towards assuring access to mental health services for children and adolescents by passing comprehensive parity legislation this year.

## **Federal Responsibility to Fund Treatment Needs Due to Terrorism**

For those children and adolescents who rely on public funding to get mental health treatment, funding to meet treatment needs due to terrorism should be primarily a federal responsibility. The destruction of the World Trade Center was an attack on the United States, not just on New York City. And, if the main goal of terrorism is to create psychological reactions that disrupt a society, then overcoming the psychological consequences must be a critical component of the war on terrorism--clearly a federal responsibility. It can meet this responsibility in part by permitting FEMA funds to be used for treatment and in part by appropriating additional funds for treatment.

It is critical to understand that the capacity of the mental health system in New York State to serve emotionally disturbed children and adolescents was inadequate before the terrorist acts of September 11, 2001. The increasing need due to terrorism simply cannot be handled without expanding capacity. In addition New York State's child mental health system needs substantial reorganization stressing flexible, intensive, and responsive community based services. This could reduce the use of hospitals and institutions in New York State. It is also critical to make state-of-the-art treatment technology more widely available in New York State. This need has become quite apparent for the seriously emotionally disturbed children and adolescents who have been the traditional focus of the public mental health system. During the aftermath of the terrorist acts of 9/11, it also become apparent that most mental health providers are not trained to provide appropriate crisis intervention or to provide the most effective treatment for post-traumatic stress disorder.

## **Summary of Mental Health Needs for Children and Adolescents After Terrorism**

In summary, we believe that there are substantial mental health needs for children and adolescents which have emerged in the aftermath of terrorism and that New York State's mental health system is not equipped to meet these needs at this time. To do so will require:

- Passage of parity legislation in NYS
- A change of FEMA regulations to support treatment as well as mental health education and crisis counseling
- Federal funding to support longer term treatment for people who develop diagnosable mental disorders in response to terrorism
- Federal funding for training in state-of-the-art crisis intervention techniques and treatment of post- traumatic stress disorder.

Thank you again for the opportunity to speak today.